2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

TERE

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2004 APR 26 AM 9: 26 **DOCUMENT # A98000000528** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name CRANE CREEK SENIOR HOUSING PARTNERS, LTD. Mailing Address Principal Place of Business -4016 BROADWAY 340 ROYAL POINCIANA PLAZA, SUITE 305 WEST PALM BEACH, FL 33407 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address 2001 W. Blue Suite, Apt. #, etc 03032004 CR2E003 (10/03) rce City & State 4. FÉI Number Applied For 59-3494209 Not Applicable \$8.75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMLIN, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST BRADENTON, FL 34205-7595 Zip Code FΙ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions Amount of Capital Contributions \$100.00 in FLORIDA to date. 00.00 as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. N96000003114 DOCUMENT # STREET ADDRESS NAME THE PARTNERSHIP, INC. STREET ADDRESS 4016 BROADWAY CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP DOCUMENT # 000036289300 05/14/04--01012--019 **150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME∳ STREET ADDRESS CITY-ST-ZIP 14-1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empoweres to execute this report as required by Chapter 620, Florida Statutes John Carbett & CEO

FILED